

# Drug Education in Dutch Universities

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**Insights in the amount of drug education and different factors influencing the amount of drug education being offered by Dutch universities.**

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Date: July 20, 2018  
Organization: Athena Institute

The logo for the Psychotropica Instituut, consisting of a white stylized 'P' with a dot above it, set against a dark blue rectangular background. To the right of the 'P', the words 'PSYCHOTROPICA' and 'INSTITUUT' are written in white, uppercase, sans-serif font, stacked vertically.

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## **Acknowledgments**

First, I would like to thank all of the participants who contributed to this research. I would like them for their time, effort and valuable contribution. They fulfilled a crucial role in this research. Besides, I want to address my gratitude towards the supervisors of this research, Dirk Essink and Sam Krouwel, for their support and valuable feedback. Lastly, I would like to thank Has Cornelissen who provided insight and expertise that greatly assisted the research.

# Executive summary

## Introduction

Currently, policy on illicit substances is not evolving accordingly to the drug market and The Netherlands is lagging behind in this field of policy development in comparison to other countries. The drug market is already growing significantly for years, there is a lot of crime involved with the drug market and drug death numbers are rising. Signs of a lack of expertise are at the base of this not evolving policy. Hence, experts in this field are needed, which starts with education. Therefore, in this study, insights are provided in 1) the amount of scientific education being offered on the topic of drugs by Dutch universities; and 2) the different factors influencing the amount of scientific education on drugs being offered by Dutch universities, by exploring the different contributing factors according to university teachers in the Netherlands.

## Theoretical background

This study is based upon the framework of Stradling (1984) on the potential constraints on teaching controversial issues. This framework is adjusted to fit the present research, resulting in four main concepts influencing the amount of drug education being offered by Dutch universities: *teacher*, *university*, *external* and *issue-specific* factors, with respective sub factors.

## Methods

An inventory was made in the assessment of the amount of drug education that is being offered within Dutch universities. To achieve this, an online content analysis has been conducted including eight Dutch universities. To realize the second aim, a qualitative approach was used. Semi-structured interviews were conducted with 13 university teachers of seven different universities across the Netherlands. Thematic coding was used to analyze the data. Besides, the qualitative data analysis & research software Atlas.ti was used to analyze the interviews.

## Results

*Inventory* – 21 different educational programs were identified. In eight of the courses the topic of drugs was considered as main topic of the course. In the remaining courses, the topic of drugs was part of an overarching theme. The different courses were dominantly found in either medical or behavior orientated faculties and the main theme was addiction. Interdisciplinary orientated programs were rarely found.

*Interviews* – different barriers and facilitators were identified on the basis of the interviews. The main barriers identified were: the priorities as set by both the universities and the government, finance, stigma, organizational structure and the few people active in this field of expertise. The main facilitators were: the need, perceived climate of academic freedom and the suitability of this theme as academic topic.

## **Discussion**

Two main implications have been formulated based on the results. First, to enhance the collaboration between the different faculties, since this is perceived as one of the main barriers in setting up interdisciplinary education on the topic of drugs. Second, to use the facilitators as starting point in setting up education on this topic, since these demonstrate the suitability and support for drug education. Furthermore, additional research is needed on how to overcome the identified barriers, as well as the needs of the general student population. At last, secondary data analysis is something which needs to be considered when reflecting on this research. Strengths of this research were the inclusion of different universities across the Netherlands as well as the inclusion of university teachers with different fields of expertise. Both contributed to the external validity of this research.

## **Conclusion**

Education on the topic of drugs is present within the Dutch universities. However, this is only present in limited quantities and generally monodisciplinary of nature, whereas multidisciplinary education on this topic is lacking. Additionally, most of the education being offered is in the field of addiction, which could be explained by the larger quantities of money available in this specific field. Different interacting barriers have been identified, being: stigma, the priorities of both the university and government, finance, the few people active in this field of expertise and the organizational structure, further research is needed on how to overcome the identified barriers. The main facilitators were: need of the students, academic freedom and the suitability of this theme as academic topic. These facilitators could be used as starting point in setting up education on this topic.

# Table of contents

<b>ACKNOWLEDGMENTS</b>	<b>1</b>
<b>EXECUTIVE SUMMARY</b>	<b>2</b>
<b>TABLE OF CONTENTS</b>	<b>4</b>
<b>1. INTRODUCTION</b>	<b>5</b>
<b>2. CONTEXTUAL BACKGROUND</b>	<b>7</b>
<b>3. THEORETICAL BACKGROUND</b>	<b>8</b>
<b>3.1 DRUG EDUCATION</b>	<b>8</b>
<b>3.2 BACKGROUND OF THE CONCEPTUAL FRAMEWORK</b>	<b>8</b>
<b>3.3 CONCEPTUAL FRAMEWORK</b>	<b>9</b>
3.3.1 TEACHER	9
3.3.2 UNIVERSITY	10
3.3.3 EXTERNAL	11
3.3.4 ISSUE-SPECIFIC	12
3.3.5 SUB-QUESTIONS	13
<b>4. METHODS</b>	<b>14</b>
<b>4.1 STUDY DESIGN</b>	<b>14</b>
<b>4.2 STUDY POPULATION</b>	<b>14</b>
<b>4.3 DATA COLLECTION</b>	<b>15</b>
<b>4.4 DATA ANALYSIS</b>	<b>16</b>
<b>4.5 ETHICAL CONSIDERATIONS</b>	<b>17</b>
<b>4.6 RESEARCH QUALITY</b>	<b>17</b>
<b>5. RESULTS</b>	<b>18</b>
<b>5.1 INVENTORY</b>	<b>18</b>
<b>5.2 INTERVIEWS</b>	<b>20</b>
<b>6. DISCUSSION</b>	<b>29</b>
<b>6.1 SUMMARY OF RESULTS</b>	<b>29</b>
<b>6.2 EVALUATION OF THE FRAMEWORK</b>	<b>30</b>
<b>6.3 COMPARISON WITH LITERATURE</b>	<b>30</b>
<b>6.4 IMPLICATIONS</b>	<b>32</b>
<b>6.5 FURTHER RESEARCH</b>	<b>32</b>
<b>6.6 STRENGTHS AND LIMITATIONS</b>	<b>33</b>
<b>6.7 CONCLUSION</b>	<b>33</b>
<b>LITERATURE</b>	<b>35</b>
<b>APPENDICES</b>	<b>39</b>
<b>APPENDIX A</b>	<b>39</b>
<b>APPENDIX B</b>	<b>40</b>

# 1. Introduction

Illicit substance use, including substances as cannabis, cocaine, amphetamines and opioids, remains a major issue in modern society and a widely discussed subject among the public, in the media and in the politics. Drugs are connected to a broad range of different fields, such as health, crime and politics (Lyman, 2013) and are used for a number of purposes including recreational and medical purposes (Hanson, Venturelli & Fleckenstein 2011). The illicit drug market is a big market in modern society involving large quantities of money and has been significantly growing for the last couple of years (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2018). Additionally, there is a lot of crime involved with the drug market with 21 thousand law offences in the Netherlands in 2016 (EMCDDA, 2018) and crime numbers are rising over the years as well (Ooyen-Houben, 2017). Similar as drug death numbers in the Netherlands, with 235 overdose deaths in 2016 compared to 123 cases in 2014 (EMCDDA, 2018).

Responding effectively on a constantly changing drug market is a major challenge. In order to achieve this, policies should evolve accordingly with the changing market. Examples of this can be found in different countries. The sale of marijuana for recreational use is already legal in certain states in the United States (Hall & Lynskey, 2006) and the sale and use was legalized by Uruguay in 2013 (Hughes, 2017). Recently, the senate in Canada passed a bill on the legalization of marijuana as well (Sapra, 2018). Moreover, Portugal decriminalized all drugs in 2001 (Greenwald, 2009) and Norway intends to follow this lead as voted by the parliament (Butler, 2017).

However, the Netherlands is lacking behind other countries in this area of policy development. Whereas the Netherlands used to be leading in their tolerant attitude towards cannabis. Drug policy is not evolving accordingly in the Netherlands since various policies have been introduced in the past couple of years and these appear not to be working properly. An example of this can be found in the introduction of the 'wietpas' in 2012, a policy introduced in order to oppose drug tourism. However, this resulted in an increase of the illegal trade (Willems, 2012). This indicates signs of a lack of competence around this topic. Which is also demonstrated in the recent WODC (Science Research and Documentation Centre) scandal in the Netherlands. Where the ministry of justice manipulated research in order to obtain the desired results (Rengers & Adriaanse, 2018). So instead of relying on recent research, biased policy changes are continued.

Nonetheless, in order to make well-considered policy decisions, competence around a topic is necessary and experts on this field are needed (Black, 2001). Since the topic of drugs is such an extensive field of topic, these experts should be interdisciplinary orientated. Hence, sufficient education on this topic is essential. Besides, there are many different perspectives with respect to illicit substance use upon which a social agreement has not yet been reached. This causes it to be a controversial subject, since controversial issues are "those issues on which our society is clearly divided and significant groups within society advocate conflicting explanations or solutions based on alternative values" (Stradling, 1984). Since it is a controversial subject, science has a role to play in the resolution of discussions regarding this subject (Oulton, Dillon, &

Grace, 2004). Scientific processes and scientific theories can play a role in the resolution of a controversy and in solving problems, since it has the potential to assist people in understanding a controversial issue better (Oulton, et al., 2004).

Other countries already offer scientific education on this topic. Recently, multiple universities in the United States introduced classes on the topic of marijuana in their curricula on different fields of expertise (Christensen, 2018). In Canada, the universities also respond to the upcoming legalization of recreational cannabis. The McGill University in Montreal will offer a specialization on cannabis with a focus on the production of cannabis (Leavitt, 2018). Even in England the topic of drugs is present in the curricula. With for example the London School of Economics and Political Science (LSE), which has several projects running on subjects as drug policy (London School of Economics and Political Science [LSE], 2018).

However, there is no clear description on the education that is being offered on a scientific level within Dutch universities on the subject of drugs. Hence, firstly, the aim of this research is to provide insights in the amount of scientific education being offered by Dutch universities on the topic of drugs. In order to obtain a precise description of the education that is being offered on this topic. Secondly, the aim will be to provide insights in the different factors influencing the amount of scientific education on drugs being offered within Dutch universities, by exploring the different contributing factors according to university teachers in the Netherlands. The research question following from this is: what are the different factors influencing academic education at Dutch universities on the topic of drugs?

## 2. Contextual background

There are many different perspectives with respect to drugs, with commentators on both sides of the debate and in between. On one side, the opponents are absolutely against the use of drugs. They advocate that the drugs have harmful effects on both personal health and society (Kulig, 2005). On the other side, there are proponents of the use of drugs for either medical or recreational purposes, whose beliefs can be substantiated by different studies on the positive effects in medical use of drugs such as marijuana (Hill, 2015). Besides multiple studies on the medical use of marijuana, studies on the medicinal effects of other drugs such as MDMA are emerging as well (Sessa & Nutt, 2015). This phenomenon characterizes the increasing dominance of drugs in the medical world as well as in society and, thereby, the need for experts on this topic.

These contradictory views cause drugs to be a controversial subject. According to Stradling, controversial issues are “those issues on which our society is clearly divided and significant groups within society advocate conflicting explanations or solutions based on alternative values” (Stradling, 1984). This controversy is a possible explanation for the apparent lack of education that is being offered on this topic within Dutch universities, since there are many constraints associated to teaching of controversial issues. Since it is a controversial subject, science has a role to play in the resolution of discussions regarding this subject (Oulton, Dillon, & Grace, 2004). Scientific processes and scientific theories can play a role in the resolution of a controversy and in solving problems, since it has the potential to assist people in understanding a controversial issue better (Oulton, et al., 2004). Therefore, it is desirable to include this subject and approach it from different perspectives within the educational programs inside universities, so that interdisciplinary experts are nurtured and educated.

In the past, controversial issues were hardly discussed within schools. More so, teachers would possibly be demoted or dismissed for discussing these issues in the classroom. However, recently, there has been a shift in the inclusion of controversial issues in the curricula. Schools but also society appears to be much more open to debating controversial issues (Zimmerman & Robertson, 2017). Multiple studies have been conducted on teaching controversial issues, which were consentient in finding that teaching controversial issues contributes to dealing with such issues in the future and to learning the deliberation process connected with these issues (Stradling, 1984; Hess, 2008). A correlation was also found between teaching controversial issues and the enhancement of democratic thinking. For example, a relationship was found between teaching controversial issues and developing tolerant attitudes and knowledge toward the need for tolerance in democracies (Avery, 2002). A relationship to increasing forms of political engagement was identified as well (Hess, 2004; Hess 2008).

Although consensus has been established among different studies on the positive effects of the teaching of controversial issues, also barriers in teaching these types of issues are brought to light. Some of these reasons include: a general avoidance and aversion to controversial issues, the fact that these issues are perceived as ‘too hot to handle’ by the teachers or disagreement on what should in fact be classified as a controversial issue (Hess, 2004; Hess, 2008). Stradling (1984) provides a framework in which four main constraints are described in the teaching of controversial issues: *teacher constraints*, *school constraints*, *external constraints* and *issue-specific constraints*.



### 3. Theoretical background

To gain an accurate understanding of this study, it is necessary to elaborate more on the theoretical background this study is build on. First, a clear definition of the concept drug education is needed and background information on the framework will be provided. Subsequently, the following section will focus on the explanation of the concepts used to define the different factors that influence the scientific drug education being offered by Dutch universities.

#### 3.1 Drug education

The first concept that is important to define is the concept of drug education. The concepts 'drug' and 'education' can be distinguished and will first be briefly discussed. The term 'drug' can be interpreted by the definition as provided by the WHO:

*"In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically to illicit drugs, of which there is non-medical use in addition to any medical use. Professional formulations (e.g. "alcohol and other drugs") often seek to make the point that caffeine, tobacco, alcohol, and other substances in common non-medical use are also drugs in the sense of being taken at least in part for their psychoactive effects."* (World Health Organization [WHO], 1994)

However, in this research, the focus will be on illicit substances as cannabis, cocaine, amphetamines and opioids. Substances as caffeine, tobacco and alcohol will be excluded in the definition used in this study.

The second concept, education, will be defined in this research as the various academic education programs that are being offered. This means, the different bachelor programs, master programs, minors and individual courses. These may cover the various aspects within the domain of drugs (e.g. biological, psychological or policy aspects). Together, this defines the concept drug education as various educational programs on psychoactive drugs, which include the specified illicit drugs. In order to put the insights of the different factors influencing the scientific education being offered by Dutch universities into context, an overview of the amount of education currently being offered is desired. Hence, an inventory of the current situation will be made.

#### 3.2 Background of the conceptual framework

This research is based on the framework presented by Stradling (1984). This framework will be used to provide an overview of different factors influencing the scientific education being offered on the topic of drugs within Dutch universities. The original framework of Stradling (1984) is based upon the concept of controversial issues. Stradling provides in this framework the four main constraints in the teaching of these kinds of issues, being: *teacher constraints*, *school constraints*, *external constraints* and *issue-specific constraints*. Since the subject of drugs can be considered a controversial issue, this framework is in the current study build around the concept of drug education.

However, in contrast to the framework of Stradling (1984), the current research does not focus solely on the constraints on drug education, it emphasizes the different factors influencing the amount of drug education being offered. Therefore, the focus is on both barriers and facilitators. For this reason, the framework will be adopted with a number of modifications. In this study, the four kinds of constraints as presented by Stradling (1984) will be adapted to four factors influencing the amount of drug education being offered, including both barriers as facilitators. Moreover, the factor 'school' as proposed in the framework of Stradling (1984) will be adapted to 'university', since this research focuses on the amount of education being offered within Dutch universities. This leads to the following factors: *teacher*, *university*, *external* and *issue-specific* factors. A visual presentation of the framework is presented in figure 1.

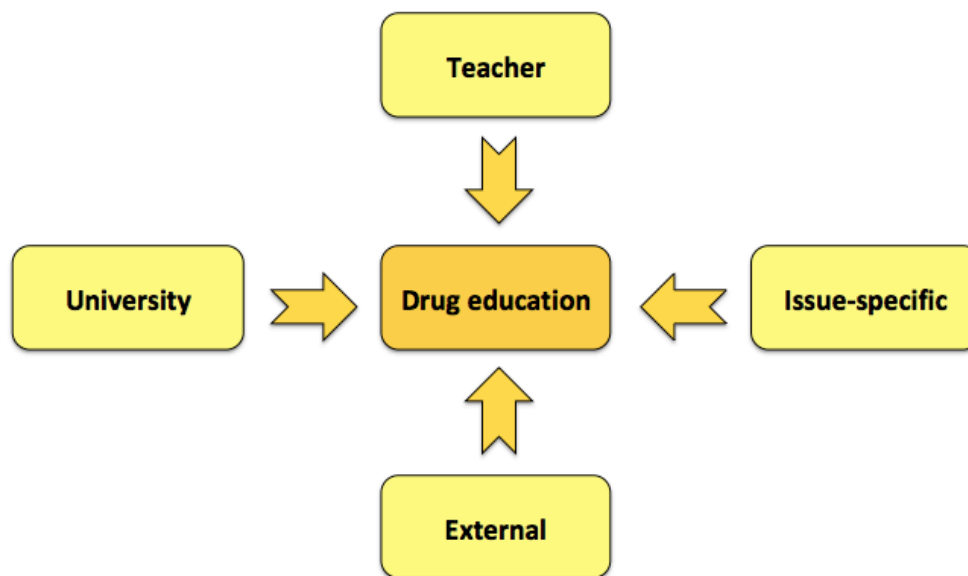


Figure 1. Visual presentation of the conceptual framework.

### 3.3 Conceptual framework

#### 3.3.1 Teacher

The factor 'teacher' will consist out of the factors 'personality factors' and 'academic freedom'. The factor personality factors will consist out of the sub factors 'neutrality' and 'unease' (figure 2). The factor neutrality will be defined first. Neutrality is a factor addressed by Stradling (1984), he found that teachers did not find their personalities suited for a role as 'neutral chairman'. The difficulty of remaining neutral on a controversial issue as drugs may cause teachers to withhold from teaching on this topic. Hence, this could work as a barrier for teachers to offer education on this topic.

The second factor is 'unease'. Flinders (2005) found that there is a concern of offending or being insensitive among teachers when teaching controversial issues. Besides, it was also found that teachers might not feel comfortable in teaching controversial issues (Haynes & Karin 2008; Hess 2009). When teachers do not feel comfortable in

teaching on the topic of drugs, this could withhold them from teaching on this topic. Causing this factor to be a barrier for teachers to offer education on this topic.

Lastly, the factor 'academic freedom' will be included in the factor of the teacher. Academic freedom could be defined as the freedom in research and expression in classroom and laboratory, encompassing all issues without external control (Altbach, 2001). Previous literature indicates teachers' perceptions of compromised academic freedom results in avoiding controversies (Misco, 2007) and teachers required the principal's authorization before broaching controversial topics (Rouse & Sanchez, 2006). Hence, compromised feelings of academic freedom could result in teachers not including the topic of drugs within the curricula. Hence, contribute as barrier. Contrarily, an experienced climate of academic freedom could work as facilitator for teachers to offer education on this topic.

### **3.3.2 University**

The factor 'university' consists out of the factors 'university culture', 'setting up education' and 'recourses', with respective sub factors (figure 2). The factor 'university culture' will be defined first. This factor consists out of the sub factors 'priorities' and 'attitude from university'. The factor 'attitude from university' is defined as the attitudes from people within the university (e.g. management or colleagues) towards the topic of drugs. Literature finds a general aversion towards controversy (Hess, 2004). This would negatively influence the attitude of the university towards this topic, resulting in this factor contributing as barrier in this research. The factor 'priorities' is another important factor. When a topic is no priority of the university, no money would be made available and it would be hard to maintain, or even set up, an educational course. For example, some educational programs were on the verge of existing when the respective university shifted its priorities to other programs, resulting in a reduction in granted finances (Hoog, 2014). This also indicates the correlation between the concept 'priorities' and 'finance'.

The factor 'setting up education' consists of three respective sub factors. The first, 'fixed curricula', is proposed by Stradling (1984) and substantiated by Misco (2007). When the curricula are fixed, it would be hard or even impossible to introduce new topics in the curricula. This would contribute as barrier in the introduction of the topic of drugs in the curricula. Contrarily, curricula open to change would operate as facilitator in the current situation. The second factor, 'structure of the organization', refers to the organizational structure of universities with different faculties. Literature found this division may work as barrier in setting up interdisciplinary education across different faculties (Gardner, Chamberlin, & Heestand, 2002; Smith, et al., 2009). The third factor, 'university regulation', refers to possible regulation which is applicable to the introduction of education. If certain regulation has to be met, this could contribute as barrier in introducing education.

Different recourses possibly influence the amount of education that is being offered on the topic of drugs. Hence, the factor 'recourses' includes the sub factors 'availability of teachers', 'organization' and 'finance'. The first recourse described is the 'availability of teachers'. Hermann (2008) found that teachers could not handle certain issues as a

result of the complexity of those issues and teachers were deficient in the amount of experience they had in the teaching of controversial issues and the skills to teach these. Additionally, it was found that it is important for teachers to receive the appropriate training on the teaching of controversial issues and this was lacking in most cases (Philpott, 2011). Hence, teachers with sufficient competences are a condition for the introduction of the topic of drugs in the curricula. Furthermore, practical issues as the availability of classrooms are included in the concept 'organization'. These practical issues are necessary for the provision of education (Stradling, 1984). When these are not available, this would contribute as barrier in the education being offered. Whereas it would contribute as facilitator when an abundance of these practical issues are available. The last factor is 'finance'. Finances are important in setting up and maintaining education (Armstrong, 2016; Brewer DJ & Tierney WG, 2010). When these finances are not available, this could lead to abolishment of educational programs (Hoog, 2014) and this would be defined as barrier in the present research. However, when an abundance of finances are available in this field of expertise, this would work as facilitator in offering education on this topic.

### **3.3.3 External**

The factor 'external' consists out of the following factors: 'attitude from society', 'governmental influence', 'democratic values' and 'need' (figure 2). The first factor defined is 'attitude from society'. This can be explained as the attitude from society towards the topic of drugs. Besides Stradling (1984), who identified the attitude from society to be a relevant factor, Hess (2004) found a general aversion towards controversy, differing views about the purpose of democracy education and a fear that students will be indoctrinated. Furthermore, issues may be upsetting to the community (Hess, 2008) and there is a lacking support for teaching controversies (Misco, 2007). Lastly, there are many people in society against the use of drugs in any way (Curris, 2002; Ahern, Stuber & Galea, 2007). These factors indicate the negative attitude from society towards this topic, causing this to be a possible barrier in the inclusion of the topic of drugs in the curricula. Contrarily, substantial amounts of people are proponents of the use of drugs for either recreational or medical purposes (Hall & Lynskey, 2005; Hill, 2015). This would contribute as facilitator in the context of this research.

The second relevant factor is 'governmental influence', which includes the consequences on the amount of drug education as a result of governmental influences. Nelson (2003) found governmental intrusion in curricular matters to be a possible barrier in the inclusion of controversial issues in the curricula. However, the government could also positively influence the introducing of these issues in the curricula, causing it to be a facilitator. The next factor is 'need'. Here defined as whether there is a need for the inclusion of this topic in the curricula among to the students. When no, or only limited students intend to follow an educational course based on this topic, this would contribute as barrier in the introducing of this topic in the curricula. Differently, popularity of this topic among the student population could contribute as facilitator.

The factor 'democratic values' consists out of the sub factors 'handling certain issues' and 'solution for the problem'. The sub factor 'handling certain issues' will be defined first. This factor will be interpreted as the potential to deal with similar controversial issues. It could be beneficial to introduce such controversial issues in the curricula since

it helps how to analyze such issues and how to handle them. Avery (2002) found that development of tolerant attitudes and knowledge of the need for tolerance in democracies is an important facilitator in the introduction of controversial issues. Furthermore, discussing controversial issues stimulates participation in forms of political engagement (Hess 2004), it contributes to how to analyze this kind of issues and is good for participating effectively in a democratic society (Hess 2008; Hess, 2002; Hess & Posselt, 2002). Hence, the introduction of the topic of drugs could operate as facilitator in this context. The factor 'solution for the problem' includes more solution-based factors, which are related to solution of the bigger problem, in this case, the drug problem in modern society. Related to the solution-based factors, Fluckiger & Wetig (2003) found that students could raise a sensitive or difficult subject up for discussion and could come up with solutions with respect to those issues. The possibility to contribute to the solution of this problem as a result of introducing this topic in academic education could operate as facilitator.

### **3.3.4 Issue-specific**

The last factor present in this framework is that of issue-specific influences, consisting out of the factors 'stigma', 'scope' and 'valid information' (figure 2). The factor 'valid information' will be defined as the availability of valid information regarding the topic of drugs, which is crucial in the including of this topic in the curricula. This factor is based upon the framework as presented by Stradling (1984), who argues that data on controversial issues which is available may be incomplete, biased or conflicting. This could operate as possible barrier, since it may cause teachers to avoid teaching on this topic considering no unambiguous data could be provided.

Stradling (1984) also appoints the influences raised by specific types of issues. Within the case of the topic drugs, one of the issues raised is that of a stigma around this topic, resulting in the factor 'stigma'. A stigma can be defined as "a characteristic of persons that is contrary to a norm of a social unit" with a norm being defined as a "shared belief that a person ought to behave in certain ways at a certain time" (Stafford & Scott, 1986). Previous literature indicates that drug use is regularly seen as unacceptable behavior and drug users are perceived as weak, immoral and a risk to society (Ahern, Stuber & Galea, 2007). Hence, this stigma may act as barrier in the inclusion of this topic in the curricula.

The last factor is the 'scope' of this topic. In this research defined as the quantity and variety of information that is available regarding the topic of drugs. This could operate as either barrier, when not enough information is available, or facilitator, when a substantial amount of information is available. Since the availability of information is essential in offering education on this topic.

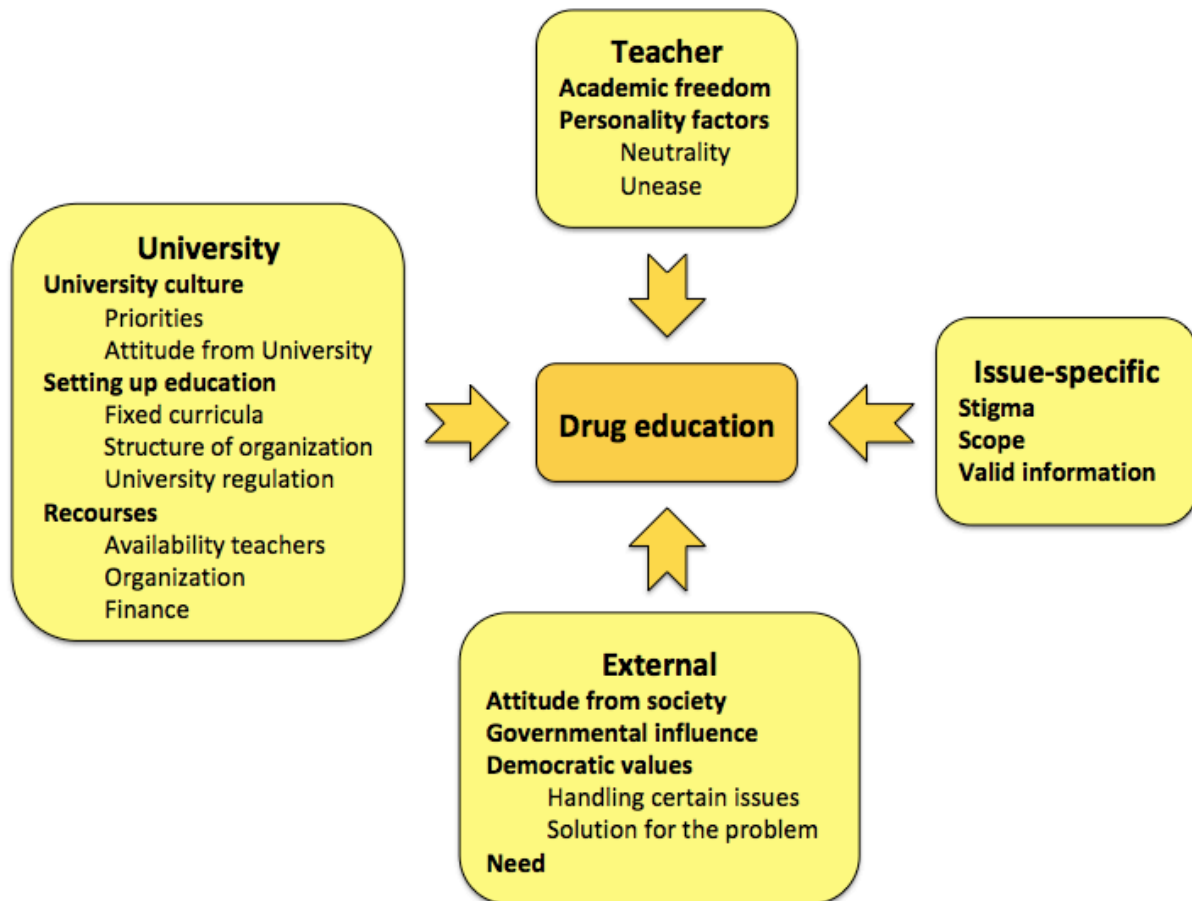


Figure 2. Conceptual framework including sub factors.

### 3.3.5 Sub-questions

Two main research questions have been formulated within this research. 1) What is the amount of scientific education being offered by Dutch universities on the topic of drugs? 2) What are the different factors influencing the amount of scientific education being offered by Dutch universities on the topic of drugs? Various sub research question were created to be able to answer the second research questions of this research. These sub-questions are based upon the conceptual framework as presented above. The following question were created:

- What are the perceptions of Dutch university teachers on the suitability of the topic of drugs as academic subject within scientific educational programs within Dutch universities?
- What are the barriers on the amount of drug education being offered within Dutch universities?
- What are the facilitators on the amount of drug education being offered within Dutch universities?

## **4. Methods**

Two aims were established in this research. Firstly, to provide insights in the amount of drug education that is being offered by Dutch universities. Secondly, to provide insights in the different factors influencing the amount of scientific education on drugs being offered within Dutch universities. In the following, the methodology used to accomplish these aims will be discussed.

### **4.1 Study design**

The overall design of this research was a descriptive exploratory design. In which the descriptive design was accountable for the first aim of this study and the exploratory design was accountable for the second aim. In order to attain the first aim of this research, an assessment of the current situation in offered programs/courses within the educational system in Dutch universities was made. This was initially done through an online content analysis. When uncertainties appeared, the universities were contacted by email or phone, in order to gain clarity on the content of the offered courses.

To realize the second aim, a qualitative approach was used. Semi-structured interviews were performed to obtain in-depth knowledge of the participants on their perceptions of the various barriers and facilitators influencing the scientific education being offered on the topic of drugs within Dutch Universities. Semi-structured interviews were conducted, since the data gathered with this kind of data collection technique is rich in explanations and descriptions (Mays & Pope, 1996). Besides, semi-structured interviews not only provide the opportunity for the interviewer to discuss the topics derived from literature. It also presents the interviewee the opportunity to broach new relevant subjects, which provide the interviewer with new insights (Miles, Huberman & Saldana, 2013).

### **4.2 Study population**

To create the inventory, eight universities across the Netherlands were included in the analysis. These universities were included based upon the recommendations of an expert. Besides, universities were either included or excluded based upon the focus points of the respective universities. For example, technical universities were excluded from the study since they were unlikely to include the topic of drugs in their curricula. Educational programs were included in the inventory if either multiple lectures were provided on the topic of drugs or if this topic was dominant in the practical part of the course. Programs were excluded from the inventory if the topic of drugs was not present in the curriculum or when the presence was restricted to a minimum (e.g. only briefly discussed in one lecture).

The study population of the interviews consisted of 13 university teachers. All participants but one were currently working at a university. The one participant not currently active at a university used to work at multiple different universities across the Netherlands. Demographic characteristics of the participants are shown in table 1. Based on the inclusion and exclusion criteria, as discussed below, potential participants

were contacted by email or phone. In order to find these potential participants, websites of different universities were consulted and universities (e.g. faculties or program coordinators) were contacted. Besides, an existing database compiled by the commissioner of this research, the Psychotropica institute, with potential candidates was consulted.

Different inclusion criteria were established, which the participants must have met in order to be included into this study. First, participants must be or used to be related (e.g. working for or with) to a Dutch university. Secondly, participants must be related to the subject of drugs, for example provide education on the topic of drugs or executing research in this field of expertise. Since these people are most likely to obtain relevant views regarding the research question and therefore obtain rich and valuable data. Furthermore, participants needed to speak either Dutch or English.

Characteristics*	
<b>Gender</b>	Male: 11 Female: 2
<b>Expertise</b>	Addiction: 5 Addiction / veterinary: 1 Drug policy: 1 Drug researcher: 1 History: 1 Psychopharmacology: 1 Public administration: 1 Public health: 1 Sociology: 1
<b>City of university</b>	Amsterdam: 5 Groningen: 1 Maastricht: 2 Nijmegen: 1 Utrecht: 3 None**: 1

*Table 1. Demographic characteristics of the participants. \*Total N=13. \*\*Respondent is not linked to any university at the moment.*

### 4.3 Data collection

Data collection for the inventory was achieved by performing an online content analysis. First, search terms as 'drugs', 'recreational drugs' and 'addiction' were used to find drug related courses within the curricula of the universities. Next, the curricula of the different universities were inspected by the researcher. Educational programs where the topic of drugs was unlikely to be presented (e.g. economical or geographical orientated programs) were excluded from the research. From the remaining programs, the course guides were manually inspected. When clarification of the online content within the course description was needed, the respective course coordinator was contacted by email. Besides, when possible, clarification was obtained during the interview.



In order to attain the second aim, data was collected through conducting semi-structured interviews. An interview guide was created with the main interview topics and questions and is shown in appendix A. The interview guide is based upon the different factors within the conceptual framework, teacher factors, university factors, external factors and issue-specific factors. The interview guide provided a level of consistency throughout the interviews and provided the interviewer with a tool to make sure all concepts were covered in the interviews. Besides, it provided opportunities for the introduction of new factors. Nine of the interviews were conducted face to face at the respective university of the participant. The remaining four interviews were conducted by phone. The interviews were, with consent of the participant, digitally recorded.

#### **4.4 Data analysis**

After establishing the different drug related programs, these were analyzed according to the dominance of the topic of drugs within the different programs. In order to make a distinction between programs where the topic of drugs was perceived as main topic or less dominant theme, the following inclusion and exclusion criteria were used. The topic of drugs was perceived as main topic within the educational program when this topic was explicitly mentioned in the main objectives or learning goals in the respective program or when the topic of drugs was constantly referred to throughout the theoretical part of the program.

Additionally the different programs were categorized based on the different faculties. In analyzing the different programs, five main categories of different faculties arose. The following categories were created: behaviour orientated faculties, honours program, humanities, law and medical orientated faculties. 'Medical orientated' faculties included programs which were medical based (e.g. courses within the domain of medicine). 'Behaviour orientated' faculties included programs which were based around the domain of behaviour (e.g. courses within the domain of psychology or sociology). The categories 'honours program', 'humanities' and 'law' only included one educational program. Hence, these categories were named according to the respective faculties in which these educational programs were included in their respective universities.

After an interview was conducted, it was transcribed verbatim in order to analyze the interview. Besides, a summary was made shortly after the interview was conducted in order to provide a good representation of the interview. After the interviews were transcribed, thematic coding was used to analyze the data. Hence, the coding sheet was based on the different factors within the conceptual framework (Braun & Clarke, 2006). New factors that derived from analyzing the interviews, which did not fit the existing factors, were analyzed by open coding. This had the purpose of defining different concepts emerging from the data (Gray, 2014). These additional concepts were given corresponding codes. After analyzing all of the interviews, these additional codes were either included in an already existing code or a new code was created and added to the coding sheet. The final coding sheet is shown in appendix B. The qualitative data analysis & research software Atlas.ti was used in analyzing the interviews.

Data from the interviews was analyzed in two ways. First the data was analyzed according to the different factors, by allocating the data to the corresponding code. This was executed by using thematic coding, as described above. However, during analyzing the interviews, interrelatedness between the different factors was found. Hence, the same data was present in different factors. Therefore, the second way to analyze the data was to analyze how the different factors interacted. The different factors were linked to each other based upon the different influences of the different factors had on each other, in order to provide a clear overview of the different interactions.

#### **4.5 Ethical considerations**

Before conducting an interview, the participant was informed on the background and purpose of the study by either email or phone. Subsequently, participants were informed on this again prior to the interview. Absolute anonymity was assured for the participants, as well as for confidentiality of their personal information. All participants were asked for permission to digitally record the interview. At last, participants were asked whether they would like to receive the final version of the report.

#### **4.6 Research quality**

In assuring this research with high quality, reliability and external validity were considered. Reliability can be defined as the extend to which the same outcomes are measured independent of the measuring instrument or point in time (Gray, 2014). To ensure reliability in this research, the interview guide was thoroughly discussed. This made sure that the topics to be discussed were clearly defined and well understood by the researcher. Besides, one researcher conducted the analysis. This prevented the occurrence of different interpretations on the same data. This could be the case when multiple researchers would analyze the data.

External validity refers to the extend to which the obtained results are generalizable to different situations (Gray, 2014). To assure external validity, a variety of different universities were contacted in order to provide a diversified sample of university teachers across the Netherlands. It was also taken into consideration to include participants that are evenly divided in gender and of various ages. Besides, different universities across the Netherlands were included in the inventory.

## **5. Results**

In this chapter, the findings from the inventory will be presented first to provide a clear overview of the education that is being offered on the topic of drugs within the researched universities. Secondly, the relevant results which derived from the interviews will be described.

### **5.1 Inventory**

Twenty-one educational programs that included the topic of drugs in the curriculum derived from the inventory. Out of the eight universities which were included in the inventory, seven universities were found to offer education on this topic. No education was being offered on this topic within the Erasmus University Rotterdam. In table 2, the educational programs are presented ordered by the extend to which the subject of drugs was covered in the different educational programs. Distinction is made between programs where drugs was a main topic and programs where drugs was covered in a less dominant way. The 21 different programs included 13 bachelor courses, three master courses, one honours college course, one pre-minor, two minors and one bachelor program. The topic of drugs has been found a main topic within eight of the educational programs. The subject of drugs has been found less dominant in the remaining 13 educational programs. A notable finding was that six out of the eight programs where drugs is considered a main topic consisted out of bachelor courses.

	Program	Type of educational program	Faculty*	University**
<b>Drugs main topic</b>	Addiction and addictive behaviour	Honours college course	HP	UG
	Alcohol and drug use as a health problem	Bachelor course	MO	MU
	Ontdek de psychologie: drugs en het brein	Bachelor course	BO	MU
	Drugs and addiction	Bachelor course	MO	VU
	Behaviour: learning and addiction	Pre-minor	BO	VU
	Verslaving en verslavingsmiddelen	Bachelor course	MO	UU
	Risicogedrag en verslaving in de adolescentie	Bachelor course	BO	UU
	Nederland drugsland	Bachelor course	Hu	UA
<b>Drugs less dominant</b>	Neurowetenschappen	Minor	MO	UG
	Psychobiologie	Bachelor course	MO	UG
	Lichaam en gedrag	Bachelor course	BO	MU
	Psychofarmacologie	Bachelor course	BO	MU
	Neuropsychopharmacology	Master course	BO	MU
	Self regulation	Master course	BO	MU
	Psychomedische problemen	Bachelor course	MO	MU
	Health promotion and disease prevention	Master course	BO	LU
	Veiligheidsbeleid	Bachelor course	Law	LU
	Biofarmaceutische wetenschappen	Bachelor program	MO	LU
	Biologische psychologie	Bachelor course	BO	VU
	Brain in trouble	Bachelor course	MO	VU
	Efficacy and safety of drugs	Minor	MO	RU

Table 2. Educational programs structured by degree of dominance of topic drugs within the educational program.

\*BO=Behaviour Orientated, HP=Honours Program, Hu=Humanities, Law=Law, MO=Medical Orientated

\*\*LU=Leiden University, MU=Maastricht University, RU=Radboud University, UA=University of Amsterdam, UG=University of Groningen, UU=Utrecht University, VU=VU University

The educational programs are ordered by faculty as well, distinction is made between behaviour-orientated programs, honours programs, humanities, law and medical orientated programs. Most of the programs were found to be located in either medical orientated (N=9) or behavior orientated (N=9) programs. Maastricht University was found to offer five educational programs that included the topic of drugs in the curricula within behavior orientated faculties, of which four were in the domain of psychology. Since it was not clear which courses within the bachelor program 'Biofarmaceutische wetenschappen' covered the topic of drugs, but it was clear it is a topic that is discussed during this bachelor, the bachelor program is included as a whole within the inventory.

Furthermore, the different aspects that are present in the domain of drugs, which are covered within the various educational programs, are distinguished as well. These themes are based upon the information available in the course descriptions and information provided by the course coordinators. The following themes were distinguished: *addiction, molecular mechanisms, effects, prevention, policy, economy, sociology* and *culture*. The main finding was that addiction is the most covered theme among the different educational programs. Among the courses where drugs is perceived as dominant topic, six out of the eight courses covered the subject of 'addiction'. Even more, addiction is the main theme within four of these courses. Among the courses

where the topic of drugs was perceived less dominant, the theme of addiction was less dominant and in none of the courses addiction was the main theme. In addition, the theme 'effects' is often discussed within the courses with drugs as main topic, whereas this is less often discussed within the courses where drugs is perceived as less dominant. The theme 'molecular mechanisms' is equally covered between the courses where drugs is a main topic or not.

Another notable finding is that among the courses where drugs is perceived as dominant topic, often multiple themes are discussed. Whereas within the courses where drugs is perceived as less dominant, often only one or two themes are discussed. Other themes that were found to be covered among the different courses are prevention, policy, economy, sociology and culture. However, these themes were only found to be covered among the courses where the topic of drugs is perceived as main topic. Among the courses where drugs is less dominant, only the courses 'veiligheidsbeleid' and 'brain in trouble' covered the themes of policy or sociology, respectively. The themes of 'addiction' (N=6) and 'molecular mechanisms' (N=6) were most dominant within the courses where the topic of drugs is perceived as less dominant.

## **5.2 Interviews**

In the following, the different factors which derived from the interviews will be discussed. The factors 'organization', 'fixed curricula', 'unease' and 'handling certain issues' were not, or to minimal extend, discussed during the interviews. Hence, these will not be discussed in the following section. In order to provide a clear presentation of the results, the results are not presented according to the structure of the conceptual framework. In order to demonstrate how the different factors are intertwined, the results are structured in order to the way the different factors influence each other. Followed by the factors which did not influence each other. First, Table 3 provides a structured overview of the different factors and their function as barrier or facilitator.

	Factor	Sub factor	Barrier	Facilitator
<b>University</b>	University culture	Priorities	Universities do not prioritize drug education.	
		Attitude from university	4 Participants stated universities are not enthusiastic towards drug education.	2 Participants stated they receive positive reactions from colleagues towards drug education.
	Setting up education	Fixed curricula	Not reported.	Not reported.
		Structure of organization	Difficult to work together between the different faculties. Which is needed to do justice to the interdisciplinary character of drug education.	
		University regulation	Bureaucratization of universities impedes introduction of drug education in new curricula.	
	Recourses	Availability teachers	Limited teachers available, since a lack of research causes there to be less trained professionals in the field to supply the necessary teachers.	
		Organization	Not reported.	Not reported.
		Finance	Hard to receive finances for drug education or research on this topic.	
<b>Teacher</b>	Academic freedom			University teachers are free in their choice of topic within their education.
	Personality factors	Neutrality	It is perceived hard to remain neutral on the topic of drug education.	
		Unease	Not reported.	Not reported.
<b>External</b>	Attitude from society		Society has a negative attitude towards the topic of drugs. However, the influence on drug education is questioned.	
	Governmental influence		The government does not prioritize drug education or research.	
	Democratic values	Handling certain issues	Not reported.	Not reported.
		Solution for the problem		Drug education is important for solutions around problems regarding this topic.
	Need			A demand for Drug education is present, since it is popular among students.
<b>Issue-specific</b>	Stigma		Prejudices around the topic of drugs are present.	
	Scope			The many different aspects of this subject cause the topic of drugs to be very suitable as academic topic.
	Valid information		A lot of information is lacking on the topic of drugs.	New research on the topic of drugs is emerging.
	Complex		The subject is complex, resulting in being vague and less popular.	

Table 3. Overview of the different factors and their function as barrier or facilitator.

### *Structure of organization*

The first factor discussed is 'structure of organization'. As apparent from the inventory, multidisciplinary education is lacking. The structure of the organization within the universities is an important argument for this according to the participants. Six participants perceived the university structure as relevant factor on the amount of education being offered on the topic of drugs. The participants mentioned that since the topic of drugs is such an interdisciplinary subject, the structure of the organization with the different faculties contributes as a barrier in offering education on this topic, since it is hard to work collectively between the different faculties. This collaboration is perceived as crucial in setting up multidisciplinary education.

**R6** *"There is a common interest, that is clear. But due to the separation of the faculties it is difficult to work together stronger"*

Although different aspects on the topic of drugs are covered within different faculties, participants stated that due to the different faculties it is hard to bring this together. The competition between the faculties is perceived as a barrier in this process, since this problematizes in which faculty the program should be included and it problematizes the allocation of money between the different faculties. However, most of the participants agreed that it is logical for faculties to offer education within their expertise, meaning medical faculties have got a medical approach in the education they are offering on this topic and do not pay attention on the other aspects related to this theme. Lastly, R11 stated that also across the different universities collaboration is lacking.

### *Stigma*

The next important factor that influences the amount of drug education according to the participants is 'stigma'. A stigma around the subject of drugs is a topic that was discussed during the interviews with all but one of the participants. Most of the participants feel like there are misconceptions around the topic of drugs and could imagine that this contributes as barrier on the amount of education that is being offered. One participant, R7, was more assured of this negative influence, although this was an indirect influence where policy makers were influenced by this stigma. An example of this stigma was provided by R6 and R8, both experts in the field of addiction. They argued that addiction is perceived as weakness and bad habit and is not recognized as real disease, which works as barrier in receiving finances for research or introducing this topic in the curricula. Another example could be found in a quote by R5, who states: *"people associate drugs with crime"*. Subsequently, this stigma negatively influences multiple other factors. These factors are 'academic freedom', 'governmental influence', 'attitude from universities' and 'attitude from society'. These factors will be discussed below.

However, four respondents mentioned that they perceive the existing stigma as a facilitator to provide education on this topic. They argue that education on this topic is desired in order to dispel misconceptions. Another participant, R9, did not notice an influence of this stigma on education and two participants did not experience a stigma at

all. Lastly, R12 experienced a shift, since he notices the stigma around topic of drugs getting less fiercely. Resulting in an increase of the topic of drugs in the curricula.

**R12** *“If I had come 5 years ago with I want to talk about tertiary treatment of opiate dependency, then everybody would have laughed at me. Now they are open to that.”*

### *Academic freedom*

For all of the seven respondents where academic freedom was one of the topics addressed during the interview, unanimity was established regarding the presence of complete academic freedom. The participants stated that they were free in the substantive choices they made with regard to the content of the courses they are offering. Multiple participants stated that the university never restricted them on this level. Causing academic freedom to be a facilitator in the introduction of the topic of drugs in the curricula. However, R7 stated that you could be divergent in the education you offer and also critical in your research, but not too divergent, like an extreme as denying the holocaust. In such a case, the university would intervene.

**R10** *“no no no, you can decide for yourself what you want to teach about”*

However, although participants stated they experience complete academic freedom, the influence of the present stigma on the introduction of drug education was also mentioned. This stigma consequently indirectly has a negative influence on the degree of academic freedom, since it impedes the introduction of education on the topic of drugs in the curricula.

### *Governmental influence*

Governmental influence was a concept that was mentioned by three of the interviewees and is mainly perceived as barrier, since the government does not prioritize drug education or research on this topic. The stigma around this topic negatively influences the attitude of the government towards this topic. One of these participants, R7, stated that the government has an indirect influence on the education that is being offered, since the government has an influence on the finances, which subsequently influences the availability of teachers within universities and therefore the education that is being offered. He also indicated that the government has an influence on research topics in this field, in which more emphasis is put on medical aspects within the domain of drugs in comparison to more sociological aspects. R11 also mentioned the negative influence of the government on the availability of finances since this topic is not perceived as priority by the government. However, both participants also argued that universities are free in the choices they make regarding the education they are offering and that the government has no direct influence on this. The third participant, R13, stated that she does not think the government has any influence on the education that is being offered.

**R7** *“So from the government this is not seen as very relevant or socially relevant issue, so it is more difficult to get money for that and that works right down to where the*



*expertise and where the bulk of the money is, and eventually has an influence in a certain sense on education.”*

#### *Attitude from university*

The attitude from the university towards the topic of drugs is perceived differently among the participants. Four respondents notice or could imagine that universities are not really enthusiastic to include this topic in the curricula. Hence, they perceive this as barrier. One of the reasons provided by the participants here fore is that this topic is not taken as seriously as other topics, as can be seen in the following quote.

**R3** *“But I notice there is a kind of vision that it is a funny, specialist subject. It is not taken as seriously as political history, the cold war, or ...”*

An explanation for the attitude of the universities towards this theme can be found in the present stigma. Besides, the government also negatively influences the attitude from the university towards this topic according to the participants. Contrarily, two other participants experience positive and interested reactions from colleagues within the university. In which this attitude contributes as facilitator in the introduction of education on this topic.

#### *Attitude from society*

The perceived attitude from society was discussed with half of the participants. All of these participants, except from one, agreed in the fact that there are a lot of prejudices within society. R10, the one participant who mentioned that he does not experience any aversion from the society towards this topic, attributes this to the purpose of the education he is offering. Which is to research the potential medical effects of these substances. Therefore this has no negative influence on the education being offered on this topic according to this participant.

Among the other participants, the effects of these prejudices and the attitude of society on the education which is being offered were questioned. R5 stated that the prejudices lead to a negative effect on education that is being offered and R1 could imagine disapproval from society when education would be too controversial. Whereas R3 indicated that she does not think the attitude from society has a negative influence due to the perceived climate of academic freedom. R7 is positioned in between, he argues that the attitude from society toward this topic has an indirect influence on the education that is being offered. Which moves trough political ways to financing.

#### *Priorities*

The priorities as set by the universities are negatively influenced by both the attitude from society and the government. Hence, the priorities are indirectly influenced by the present stigma. The overall agreement among the participants was that the priorities of the university are generally not with the topic of drugs. This is accountable for both

education and research. R4 argues that this topic is no specialty of its respective university, hence it is not included in the curricula. Whereas R8 argues that misconceptions around this topic, since addiction is often not perceived as real disease but as bad habit, cause universities to prioritize other diseases. Besides, some participants also experienced differences in the amount of money allocated to particular research topics. It was found that it is easier to receive money on research topics which are focused on the negative and harmful effects of drugs in contrast to research topics on possible positive effects. The priorities as set by the university subsequently influence another main factor as perceived by the participants, finance. This will be discussed in the following section.

### *Finance*

The participants argued the factor 'finance' to be one of the main influences. This is mainly perceived as barrier, since it is hard to obtain finances for both drug education and research on this topic. Seven of the participants indicate that it is hard to receive financing for research on this topic. However, within the different aspects of drugs, there are different findings. Whereas R7 states that more money is going to medical orientated research within this theme and R2 states there is more research money available in the domain of addiction, participants active in the domain of addiction also experience difficulties in obtaining financing as well. Some of them devote this to the stigma they find is present around addiction. Another reason addressed by four of the participants is the priorities as set by the universities as discussed earlier. They state that since this topic is not a priority of the universities, this has a negative influence on the finances made available for education on this topic. Additionally, two participants state that the limited amount of finances available have a negative influence on the availability of teachers.

**R1** *"... you also see that there is hardly any money available for studies that show, it is starting to shift a little bit now but that was the case, but to the possible positive of it. Because it is just like, it is hard drugs, it is in that corner and it is very difficult to get out of. While if you can prove that it is really bad, you can easily get funding for it."*

**R11** *"... and that already indicates that no investments are being made, which is ridiculous of course. If you consider how many people use both medical and non-medical drugs, substances with an addiction potential, yea then it is just, I don't find it understandable."*

### *Availability of teachers*

Regarding the availability of teachers, five of the respondents stated that only few people are working in this field of expertise, which contributes as a barrier in the amount of education being offered. Even more, in two cases, courses were dismissed because the coordinator had a new job and no other person was replacing their function. This phenomenon is something that was mentioned by multiple participants, they stated that the education that is being offered, but also the research that is being done, is very dependent on certain core figures. Two participants mentioned that if the core figures

from certain institutes would leave, the whole organization would come to an end. R11 devoted this to the lack of young talent that is present in this field. He said that this indicates that no money is invested and the infrastructure, which provides new talent, is lacking. Furthermore, it was also mentioned by four of the participants that, since creating multidisciplinary education programs is a lot of work, very motivated people are needed to realize the establishment of education on this topic. These findings cause the availability of teachers to be a barrier in the amount of education that is being offered on the topic of drugs. On the other hand, R9 pointed out that he does think there are plenty of people to offer education on this topic, at least in his discipline public health. Additionally, the factor 'availability of teachers' is negatively influenced by the factor 'finance', since the little amount of available finances results in fewer people being active in this field of expertise.

**R12** *"We're doing it a couple of years already with the same people now, it is just difficult to find additional colleagues in it"*

### *Need*

One of the main facilitators which derived from the interviews is the factor 'need'. This is due to the popularity of drug education among students. With ten of the respondents, the interest of students came up during the interviews. All of these participants experienced popularity of the subject and interest from the students. Three courses that are currently being offered by four of the participants experienced a growth in student numbers in the previous years. R5, who used to coordinate a course on the topic of drugs, also mentioned that this was a popular course. A different participant, R2, experienced interest by students due to request for internships or the willingness of students to write papers on this topic. Explanations for the interest of students given by the interviewees were the normalization of the use of these substances in the current generation and curiosity. Participant R11 moderates his opinion when he states that students lose their interest when the study material becomes complex.

**R11** *"I started with 5 students, now there are 80, this course is an elective so... popular."*

**R2** *"What I noticed is that, with the arrival of those millennials with that new generation, you saw that there was more willingness within the students to write something about drugs."*

### *Scope*

Regarding the scope of this theme, opinions differed among the interviewees. However, most of the participants experienced this as a facilitator in the introducing of education on this topic in the curricula. The reason provided for this is that most of the participants perceive this topic as well suited as an academic subject, since this is such a broad subject with multiple aspects suitable for academic education. Contrarily, one interviewee, R2, stated that the theme of drugs is just a small topic, although a lot of commotion is present around this topic. In addition to this, he found the subject to be very cut up in

different aspects. He perceived this as barrier in the introduction of education in this topic within universities. He argues that people in a certain discipline are not very willingly to learn something about a completely different aspect of this same topic. For example, someone interested in drug policy is not interested to learn something about the effects of drugs on the brain. This contributes as barrier in the introduction of interdisciplinary education on the topic of drugs. Furthermore, R3 stated that this topic is perceived as specialist subject. It is not as big of a subject as in for example the United States and she also perceives this as a barrier.

### *University regulation*

University regulation is a factor addressed by one of the participants. R5 referred to the bureaucratization of the universities as a barrier in the introduction of this topic within educational programs. He argued that the many different guidelines that have to be met work as an obstacle in setting up educational programs, especially regarding interdisciplinary orientated programs. The amounts of work these regulations create cause this to be a barrier.

**R5** *"... all organization and that takes a lot of time, then you must get that faculty on board, all must be gathered in meetings, then the chefs have to agree again and they do not agree all of the times. It is also about money, because now is it's our course and oh yeah then we have to share it like ... and teachers from that other camp who have to be paid again ... all of this kind of rule whining."*

### *Neutrality*

Neutrality is perceived as barrier among the participants with whom this topic was discussed. Two participants, R3 and R11, argued they found it important to remain neutral in the education they were offering. This was perceived as very difficult thing to do. Both of the participants indicated that you are quickly signed off as proponent or opponent of drugs in general. According to R3 this is also applicable when you take a certain position regarding this topic apart from the education you are offering.

**R11** *"If you emphasize that too much you will be put down as an apostle of non-drug use, if you are too positive, like oh everything goes, this man spread the gospel drugs is perfect. So there is a, the balance is very difficult, it is just a political balance."*

### *Solution for the problem*

The factor 'solution for the problem' was perceived a facilitator among the participants. Four participants argued it is important to offer education on this topic for the solution of problems regarding this topic. Two participants, who are both experts on the topic of addiction, raised the problem of the large amount of people who are addicted. Another respondent, R10, was similar in his reasoning since he found education on tis topic important for the medical potential it has as new medicine. R5, who is a criminologist and expert on drug policy, brought up the large extend of the drug market and the large

amount of crime which is involved. Education on these topics is perceived as crucial in the solutions of these problems.

**R5** *“And that has meanwhile become one of the largest sectors of the world economy, that is an insane situation, so I think it is important that we analyze this and that science also has a task and that there are really other solutions.”*

### *Valid information*

The information around this topic is perceived as barrier as well as facilitator among different interviewees. Two of the interviewees mentioned there is new research emerging, they argued this would work as facilitator on the amount of education that is being offered, since these new insights will be discussed within education. R10 states that he finds it important that the medical potential of certain substances is researched and also believes education on this topic is therefore important.

**R3** *“because now you have all research into psychotropic substances in the treatment of all kinds of disorders going on, so there would also be something to see in the coming time I think.”*

In contrast, R11 argued that a lot of information is lacking on this topic. He states that this acts as a barrier since this causes this topic to be less popular, resulting in few people being active in this field of expertise. The fact that hardly any literal successes could be achieved within this area contributes to this lack of popularity as well.

**R11** *“but there is more we don’t know compared to what we do know, which is not popular.”*

### *Complexity*

The last discussed concept, ‘complexity’, was not originally in the conceptual framework but derived from the interviews. It was argued by one participant, R11, that due to the complexity of this subject, people experience this as vague. This makes it less popular and leads to fewer people working in this field. Hence, it also has a negative influence on the amount of education that is being offered on this topic, hence contributes as barrier.

**R11** *“It is a very complex matter, well complexity is not very popular.”*

## **6. Discussion**

Two aims were established within this research. The first of these was to provide insights into the amount of scientific education being offered by Dutch universities on the topic of drugs. In order to realize this, an inventory was made among several Dutch universities. The second aim involved providing insights into the different factors influencing the amount of scientific education on drugs being offered at Dutch universities. This was obtained by exploring the different contributing factors according to university teachers in the Netherlands. Semi-structured interviews were used to gather the data.

First, a summary of the results will be provided, including the main findings of this research and answering its sub-questions. An evaluation of the framework will be presented as well. Subsequently, the main findings will be discussed by connecting them to the theoretical background. Next, implications and recommendation for further research will be provided. Furthermore, strengths and limitations of this research will be discussed followed by the conclusion.

### **6.1 Summary of results**

The inventory shows that most of the education being offered currently is either medically orientated or behaviorally orientated. However, the offered education is mostly monodisciplinary in nature. Furthermore, it shows that addiction is the most prominent covered topic within these educational programs. This may explain the dominance of the expertise in addiction among the participants. These findings are also consistent with the findings from the participants, who argue that it is easier to receive research funding for medical and particularly addiction-orientated research. These findings reflect in the education that is currently being offered at Dutch universities.

The participants shared the opinion that, due to its multidisciplinary aspects, the subject of drugs is well suited as a topic within academic education. However, a multidisciplinary approach is rarely addressed within the currently offered education. Respondents perceive that one important reason behind this is the university structure. That is to say, the structure of different faculties is such that it makes it hard to introduce multidisciplinary education and cooperation among the different faculties. However, the participants found it logical that every faculty approaches this topic from within their own area of expertise.

Furthermore, according to the participants, another barrier is formed by the priorities set by both the universities and the government, which do not have to do with the topic of drugs. Hereby, the government seems to also influence the universities priorities. One opinion that seems to be shared by the participants is that a stigma around this topic causes these priorities not to focus on the topic of drugs but emphasizes other subjects. The fact that these priorities are not focused on the topic of drugs causes difficulties in obtaining the funds in this field, which is perceived by the respondents as a key factor in setting up appropriate education. As a result of this lack of funding, the participants stated that only a few people are active in this field of expertise, which is perceived as a barrier in the amount of the offered education.

The participants also mentioned additional facilitators in the amount of education being offered on this topic. A climate of academic freedom is experienced by the participants unanimously. They are free to choose the content of the education they are offering and experience no barriers from within the university in introducing the topic of drugs in the curricula. Additionally, the participants perceive this topic as very popular among the students; this is reflected in growing student numbers as well as feedback the respondents receive from the students.

## **6.2 Evaluation of the framework**

In this evaluation, an analysis will be made of the framework in the context of this study. The framework provided a useful tool for insights in the different factors that contribute to the amount of drug education that is being offered within Dutch universities. However, a number of factors appeared to be of no influence, this included the factors 'fixed curricula', 'organization', 'unease' and 'handling certain issues'. Additionally, the factor 'complex' derived from the interviews as additional relevant factor in the amount of drug education that is being offered. Furthermore, in analyzing the data, interrelatedness between the different factors was found. Yet, these interactions were not apparent from the conceptual framework. Therefore, the results were not presented according to the structure of the conceptual framework. In order to clarify the relatedness between different factors, the results are presented in order of the way the different factors influence each other. Hence, although this framework provided a useful tool for insight in the different factors, it did not do justice to the interrelatedness between the different factors. Therefore, in further research, causality is something that should be considered by the researchers when utilizing this framework.

## **6.3 Comparison with literature**

The results of the inventory show a dominance of education in the field of medical or behaviour orientated programs, in which addiction is the most dominant theme. However, drug education in other disciplines as for example sociology, humanities, law or art is hardly discussed. Nonetheless, the participants argued the topic of drugs to be very suitable as academic theme, due to the many different aspect suitable for education. Hence, education on these different aspects could be expected. A possible explanation for this lack of education in different disciplines was presented by the participants. They stated that within the domain of drugs, more money is allocated to medical orientated research, especially in the field of addiction, in comparison to other disciplines. This finding can be substantiated by further literature. Rigter (2006) found that in the Netherlands drug policy spending was, besides law enforcement, predominantly on treatment, harm reduction and prevention. With the theme of treatment predominantly focused on addiction. These themes are mostly discussed within medical or behavior orientated education. Providing an explanation for the dominance of education in these fields.

According to the literature, there is a general aversion towards controversies (Hess, 2004) and a lack of support for teaching controversies (Misco, 2007). This is partly conform to the findings in this study, since the priorities of the universities are not with

the topic of drugs and some participants argued that they noticed universities not being eager towards the inclusion of the topic of drugs within the curricula. The priorities of the government, which influence is in line with previous findings as well (Nelson, 2003), do not lie with the topic of drugs either. However, different respondents received positive reactions from within the university and did not experience any aversion towards this topic.

The prevailing climate of academic freedom within the universities as perceived by the participants could be an explanation for these contrasting findings. Although previous literature indicates teachers' perceptions of compromised academic freedom results in avoiding controversies (Misco, 2007) and teachers required the principal's authorization before broaching controversial topics (Rouse & Sanchez, 2006), in this research the respondents perceived no feelings of compromised academic freedom. This could be due to the fact that the current study involved universities, and teachers within universities may experience a greater feeling of academic freedom in contrast to teachers among different educational institutions. Additionally, the current study, in contrast to the studies from previous literature, was conducted in the Netherlands. The climate of academic freedom could be more dominant within the Netherlands as compared to the United States, where most of the other studies were conducted. The generally tolerant attitude of the Netherlands towards drugs (Grund & Breeksema, 2017) could be an explanation for the levels of academic freedom regarding introducing the topic of drugs in the curricula in the Netherlands.

Furthermore, no demand for drug education from within society was found in this study. However, with the magnitude of this subject, including high crime numbers, the extensiveness of the drug market and high death numbers (EMCDDA, 2018), a demand for education could be expected. A possible explanation for this lacking demand could be found in the stigma present around this subject. The generally negative perceptions of society regarding the topic of drugs can cause society to have a negative perception toward the introducing of education on the topic of drugs. Moreover, Hess (2004) found a fear of students being indoctrinated by either teachers, other students or teaching instruments (e.g. textbooks), which in this case could lead to students developing positive attitudes towards drugs. This could also contribute to the lacking demand from society for the inclusion of drug education.

The university structure, which consists of different faculties, has been found a barrier for the introduction of multidisciplinary education within the curricula by the literature (Lawlis, 2014; Singleton, 1998; Armstrong, 2016). This was also one of the main findings in the present study. In literature, a relationship is made between the structure of the organization and finances, since the competition between academic faculties for funding induces it to be harder for these faculties to work together (Gardner, et al., 2002; Smith, et al., 2009). Causing a lack of rewards for faculties involved with multidisciplinary education (Curran, Deacon, & Fleet, 2005; Gardner, et al., 2002). The same competition is mentioned by the participants in this research as a barrier in the introduction of interdisciplinary education on the topic of drugs in the curricula.

This correlation of the university structure and finance shows the importance of finance in the introduction of multidisciplinary education in the curricula. This is found by this study and is substantiated by further literature as well, since finances are important in



the introduction of educational programs in the curricula (Armstrong, 2016; Brewer DJ & Tierney WG, 2010) and in the sustainability (Wright T & Horst N, 2013). Where there is a role for both the universities and the government. This correlation between the university structure and finance is another indication of the interrelatedness between the different factors in this study.

The availability of teachers is mentioned as possible barrier by literature and this finding is shared within the present research. However, differences in the underlying causes can be identified. According to literature, teachers missing the right competences could be a possible barrier, since they did not receive the right training on teaching controversial issues (Philpott, 2011), have a lack of knowledge (Misco, 2017) or do not have the experience or skill to teach controversial issues (Hermann 2008). However, these theories are not conforming to the findings in this study. Participants did not devote the availability of teachers to the competences of the available teachers, they mentioned the few amount of people available in this field as barrier in the amount of education being offered on this topic. Lacking competences is not something which is mentioned by any of the participants.

## **6.4 Implications**

Cohesiveness between the different faculties is lacking. One of the factors in order to include the topic of drugs in the curricula is to enhance the collaboration between experts on this field between different faculties. In order to achieve this, the allocation of finances should therefore be fairly distributed among the stakeholders involved, since finances play an important role according to this study and the literature as well (Armstrong, 2016; Brewer DJ & Tierney WG, 2010; Wright T & Horst N, 2013). Furthermore, it is important for both the universities and the government to prioritize this as both topic of education and research subject. This will result an increase of available finances and potentially an increasing number of people active in this field of expertise. However, changing the priorities of either the government or universities is a complicated, enduring process. Nonetheless, this study does show the possibility of setting up education on the topic of drugs, since this theme is perceived as very suitable as academic topic and the present demand of education on this topic among students. In the future, this can be utilized as starting point in setting up education on this topic.

## **6.5 Further research**

Further research is needed in different areas. Further research is needed on how to overcome the barrier of the university structure, besides the fair distribution of finances. So recommendations could be made on how to work effectively together among the different faculties in a way that is beneficial for the different stakeholders involved. In addition, participants experienced positive feedback from the students and interest towards the topic. However, these participants experienced this from students who already had an interest for this topic. It would be valuable to research the general attitudes toward the theme of drugs as academic topic among the general student population. Finally, since the present research has been conducted with primarily university teachers who were already offering education on the topic of drugs, it would also be valuable in further research to include university teachers who are not already

offering education on this topic, but where it might be expected in their field of expertise. In this way, new, or more severe, barriers could be identified.

## **6.6 Strengths and limitations**

It is important to test and reflect on the results and the data analysis process by discussing the limitations within this research (Golafshani, 2003). With regard to the inventory, secondary data analysis should be taken into account. Course descriptions have been reviewed in order to assess to content of the courses. However, these course descriptions could be made with the intention of attracting students. Besides, the teachers may provide freedom for themselves in shaping the content of the course by not being very specific in the course descriptions. Hence, not representing an accurate indication of the course content. In order to prevent this bias, it was attempted to make contact with the course coordinators, by either mail, phone or during the interviews, in order to obtain an accurate indication of the course content. However, attempts to establish contact were in some cases unanswered by the coordinators and therefore the course descriptions were the only source of information available.

Furthermore, based on recommendations of an expert, certain universities were included in this research. However, although probably an adequate overview is provided of drug related education programs within Dutch universities, it is possible some programs could have been missed due to not including all of the Dutch universities. Moreover, this is accountable for the search within the databases of the different universities as well. Although identical search terms have been used, the main focus was on certain educational programs/faculties. Hence, some drug related courses could have been missed.

To increase external validity, university teachers from multiple different universities located in various cities across the Netherlands are included in this study. This provided data derived from different universities and different situations. Even more, besides different universities, university teachers with a wide variety of expertise are included in this study. However, most of the participants were experts in the field of addiction (N=6). Although the remaining seven participants all had a different expertise, having multiple participants from these different fields of expertise would have been optimal.

## **6.7 Conclusion**

Education on the topic of drugs is present within the Dutch universities. However, this is only present in limited quantities and generally as element of another subject. Moreover, the education offered is mostly of monodisciplinary nature, whereas multidisciplinary education on this topic is lacking. Additionally, most of the education being offered is in the field of addiction. The availability of larger quantities of money could be an explanation for the increased supply of education in this specific field.

In this study, different barriers are identified in the introduction of scientific education on the topic of drugs within Dutch universities, in which interrelatedness has been identified among different barriers. A stigma around the topic of drugs is perceived as

barrier among the participants. This stigma subsequently negatively influences the priorities of both the universities and the government. Since these priorities are generally with different topics, a lack of finances is present in the field of drugs, also contributing as barrier in the introduction of this topic in the curricula. Lastly, this lack of finances causes only few people to be active in this field. Further research is needed on how to overcome these identified barriers. Another main barrier is the structure of the organization within universities, since it is hard to work together between the different faculties, making it difficult to effectuate multidisciplinary education. A fair distribution of finances could contribute in enhancing this collaboration.

Three main facilitators in the introduction of education on the topic of drugs in the curricula are identified. Firstly, this topic is perceived as very popular among students, although further research on this topic is needed. Secondly, this topic is perceived as very suitable as academic topic according to the participants, due to its many different aspects. Lastly, the participants experience a high degree of academic freedom, providing the possibility of including this topic in the curricula. These facilitators could be utilized as starting point in setting up education on the topic of drugs.

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# Appendices

## Appendix A

### Interview guide

#### Introductie

Mijn naam is Bart, ik ben een master student MPA aan de Vrije Universiteit en ik ben momenteel bezig met mijn onderzoeksstage. In opdracht van het Psychotropica Instituut voer ik een onderzoek uit waarbij ik inzichten wil krijgen in de verschillende factoren die een invloed hebben op het wel of niet aanbieden van onderwijs op het gebied van drugs binnen Nederlandse universiteiten. Hiernaast ben ik benieuwd naar uw mening over het huidige aanbod van, en de behoefte voor, onderwijs op het gebied van drugs. Het interview zal rond een half uur in beslag nemen.

In het belang van accurate dataverzameling zal het interview worden opgenomen. De opname zal door enkel de onderzoeker worden teruggeluisterd en anoniem worden getranscribeerd. De opnames zullen na het onderzoek worden verwijderd. Gaat u hiermee akkoord?

Heeft u nog verdere vragen?

\* zet recorder aan \*

Ter bevestiging, klopt het dat ik u zojuist het doel van onderzoek heb vermeld, u vrijwillig meedoet aan dit onderzoek en u ermee akkoord gaat dat dit onderzoek wordt opgenomen en anoniem getranscribeerd?

#### Interview vragen:

Wilt u wat vertellen over uzelf? Waar bent u werkzaam?

Op welke manier bent u betrokken bij het onderwijs/onderzoek naar drugs?

Vindt u het belangrijk dat er universitair onderwijs naar drugs wordt aangeboden?

→ waarom wel/niet?

Hoe kijkt u aan tegen de geschiktheid van het thema zelf als onderwerp van een academisch programma?

Wat vindt u van het aanbod binnen universiteiten op het gebied van drugs?

→ waarom vindt u dat?

→ wat is hiervoor de reden volgens u?



Zijn er volgens u barrières in het aanbieden van universitair onderwijs naar drugs?

→ zo ja, wat zijn deze barrières?

→ Wat vindt u de meest belangrijke barrières?

Zijn er volgens u stimulansen in het aanbieden van universitair onderwijs naar drugs?

→ zo ja, wat zijn deze stimulansen?

→ wat vindt u de meest belangrijke stimulansen?

Wat voor effect hebben deze stimulansen op het aanbod over onderwijs naar drugs?

Onder welke faculteit zou u een drugs georiënteerd programma onderbrengen?

→ waarom?

Welke personen zijn nog meer betrokken bij het onderwerp drugs binnen deze universiteit?

## Appendix B

### Coding sheet

Factor	Factor	Sub-factor	Definitie
University	University culture	Priorities	De universiteit kan prioriteiten leggen bij bepaalde studies. Dit is dan bijvoorbeeld terug te zien in het aanbod van verschillende studies binnen een universiteit (past het onderwerp binnen wat verder wordt aangeboden binnen de universiteit). Dit kan een barrière zijn (wanneer geen prioriteit van de universiteit), maar ook een facilitator (wanneer de universiteit hier wel prioriteit bij legt).
		Attitude from university	Er kan ook een algemene afkeer zijn ten opzichte van dit onderwerp vanuit bijvoorbeeld het bestuur of collega's. Dit kan als barrière werken.
	Setting up education	Fixed curricula	Het curriculum staat mogelijk vast, waardoor er geen ruimte is voor veranderingen. Mogelijke barrière.
		Structure of organization	De opzet binnen universiteiten van verschillende faculteiten maakt het aanbieden van interdisciplinair onderwijs lastig.
		University regulation	Is er bepaalde regelgeving waaraan moet worden voldaan voor het opzetten van

			onderwijs die als barrière kan werken voor het opzetten hiervan.
	Recourses	Availability teachers	<p>Zo heb je de beschikbaarheid van docenten met passende competenties. Dit kan een barriere vormen wanneer deze er niet zijn of niet genoeg zijn. Dat docenten geen tijd hebben doordat ze het druk hebben is een gevolg van een tekort van docenten en valt hier dus ook onder. Wanneer deze docenten wel beschikbaar zijn kan het werken als facilitator.</p> <p>Hieronder valt ook de need voor teachers/mensen die voortouw willen nemen in het opzetten van onderwijs op dit gebied</p>
		Organization	Daarnaast kunnen praktische zaken als de beschikbaarheid van lokalen een barriere vormen wanneer die er niet zijn en een facilitator zijn wanneer de beschikbaarheid er wel is.
		Finance	Ook spelen de financiën een rol. Een gebrek aan geld kan een barriere zijn en wanneer er genoeg geld beschikbaar is kan dit andersom ook een facilitator zijn.
Teacher	Academic freedom		Docenten kunnen een gevoel ervaren van beperkte academische vrijheid en dit kan er voor zorgen dat ze minder snel een programma opzetten. Andersom kan en gevoel van academische vrijheid er weer voor zorgen dat ze dit juist wel doen. Dit kan worden beïnvloed door zowel de universiteit als de maatschappij.
	Personality factors	Neutrality	Docenten kunnen het bijvoorbeeld lastig vinden zich neutraal op te stellen tegenover het onderwerp, wat wel van ze wordt verwacht. Dit kan een barriere zijn.
		Unease	Docenten kunnen zich ongemakkelijk voelen bij het behandelen van een controversieel onderwerp als drugs. Dit kan werken als barriere.
External	Attitude from society		Er kan een algemene aversie zijn vanuit de maatschappij tegenover het onderwerp. Dit leidt dan tot een gebrek aan support vanuit de maatschappij en kan dus een barrière zijn.
	Governmental influence		De regering kan zich er mee bemoeien en invloed uitoefenen. Dit kan d.m.v. regulaties, zo is er bijvoorbeeld beleid dat zegt dat voordat een programma wordt opgezet het aan bepaalde eisen voldoen: Er moet een arbeidsmarktbehoefte zijn en

			<p>een maatschappelijke of wetenschappelijke behoefte.</p> <p>Maar dit kan ook door bijvoorbeeld druk te zetten d.m.v. bepaalde uitspraken. Dit kan een barrière vormen.</p>
	Democratic values	Handling certain issues	<p>Aan de ene kant is het goed om dit soort onderwerpen te includeren in de curricula want het is goed om te leren hoe dit soort controversiële onderwerpen te analyseren en er mee om te gaan. Zorgt daarbij ook voor stimulans voor deelname in een democratische samenleving waaronder verhoogde politieke betrokkenheid. Zo werkt het als facilitator.</p> <p>Aan de andere kant zijn er mensen die het niet nodig vinden dit soort onderwerpen te includeren in the curricula, dit kan een barrière zijn.</p>
		Solution for the problem	<p>Het is belangrijk dat/er is vanuit de maatschappij de vraag dat op dit gebied mensen komen met de juiste kennis die kunnen werken aan de oplossingen voor problemen omtrent dit gebied. Dus een facilitator.</p>
	Need		<p>Als je ergens onderwijs over aanbied moet er ook vraag naar zijn, anders is het niet in stand te houden. Wanneer deze vraag er niet is kan dit dus een barrière zijn. Andersom kan het als facilitator werken wanneer deze vraag er wel is.</p>
Issue-specific	Stigma		<p>Er kan gevonden worden dat er een stigma over het onderwerp drugs heen hangt. Dit kan barrière vormen om onderwijs over dit onderwerp op te zetten.</p> <p>Andersom kan een stigma als facilitator werken omdat het belangrijk kan worden geacht dat dit stigma wordt doorbroken.</p>
	Scope		<p>Wanneer de omvang van het onderwerp niet breed genoeg wordt bevonden, kan dit een barrière zijn in het aanbieden van onderwijs rond dit onderwerp omdat er dan niet genoeg stof is om bijvoorbeeld een heel bachelor programma op te zetten. Andersom kan dit ook een facilitator zijn, want wanneer iets een heel groot en omvangrijk onderwerp is waar heel veel over geleerd kan worden kan dit een reden zijn om hier een onderwijsprogramma over te starten.</p>
	Valid information		<p>Omdat het een hedendaags controversieel onderwerp is, is het mogelijk dat beschikbare informatie incompleet, biased of tegenstellend is. Dit kan werken als barrière. Andersom kan de komst van steeds nieuw</p>

			onderzoek en dus nieuwe informatie werken als facilitator.
	Complex		Het onderwerp kan als complex worden ervaren. Wanneer dit gebeurt kan dit een negatief effect hebben op de interesse van studenten in dit onderwerp en daardoor werken als barrière.